



ANTICOAGULANTS PA SUMMARY

PREFERRED	Warfarin generic, Coumadin (warfarin) Fragmin (dalteparin), Heparin generic, Lovenox (enoxaparin)
NON-PREFERRED	Eliquis (apixaban), Pradaxa (dabigatran), Xarelto (rivaroxaban), Arixtra (fondaparinux), Enoxaparin generic, Fondaparinux generic

LENGTH OF AUTHORIZATION: Varies

NOTE: If generic fondaparinux is approved, the PA will be approved for brand Arixtra.

PA CRITERIA:

For Eliquis

- ❖ Approvable for the prophylaxis of deep venous thrombosis (DVT) or pulmonary embolism (PE) following hip or knee replacement surgery.
- ❖ Approvable for nonvalvular atrial fibrillation, prophylaxis of DVT or PE in members who have experienced a previous DVT or PE, and treatment of DVT and/or PE when member has a history of unstable INR results with warfarin or allergies, contraindications, drug-drug interactions (that cannot be managed by adjustment of dose/INR monitoring), or a history of intolerable side effects to warfarin.

For Pradaxa

- ❖ Approvable for nonvalvular atrial fibrillation, prophylaxis of DVT or PE in members who have experienced a previous DVT or PE, and treatment of DVT or PE in members who have been treated with a parenteral anticoagulant for 5-10 days before Pradaxa therapy was initiated when member has a history of unstable INR results with warfarin or allergies, contraindications, drug-drug interactions (that cannot be managed by adjustment of dose/INR monitoring), or a history of intolerable side effects to warfarin.

For Xarelto

- ❖ Approvable for the prophylaxis of DVT or PE following hip or knee replacement surgery.
- ❖ Approvable for nonvalvular atrial fibrillation, prophylaxis of DVT or PE in members who have experienced a previous DVT or PE, and treatment of DVT or PE when member has a history of unstable INR results with warfarin or allergies, contraindications, drug-drug interactions (that cannot be managed by adjustment of dose/INR monitoring), or a history of intolerable side effects to warfarin.

For Arixtra or Fondaparinux generic

- ❖ Approvable for the treatment of extensive superficial vein thrombosis.
- ❖ Approvable for the prophylaxis of DVT or PE following hip fracture surgery, hip replacement surgery, or knee replacement surgery in members weighing 50kg or more when member has a history of heparin-induced thrombocytopenia (HIT) or any contraindications to the use of Lovenox.



- ❖ Approvable for the prophylaxis of DVT or PE following abdominal surgery in members weighing 50kg or more when member has a history of HIT or any contraindications to the use of Lovenox and unfractionated heparin (UFH).
- ❖ Approvable for the treatment or prophylaxis of DVT or PE when member has a history of HIT or any contraindications to the use of Lovenox for courses of 9 days or less; Longer courses may be authorized for members that are pregnant, have cancer or are unable to take warfarin.

For Enoxaparin generic

- ❖ The prescriber must submit a letter of medical necessity stating the reasons brand Lovenox is not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.